MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/070352
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	INC	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	1		1				51							
2		1					52							
3		2					53							
4		2		1			53							
5		1					54							
6		1					55							
7		1					56							
8		1					57							
9		1					58							
10		1					59							
11		1					60							
12		1					61							
13		1					62							
14		1					63							
15		1					64							
16		1					65							
17		1					66							
18		1					67							
19		1					68							
20				1			69							
21							70							
22							71							
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25							74							
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27							76							
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38							87							
39							88							
40							89							
41							90							
42							91							
43							92							
44							93							
45							94							
46							95							
47							96							
48							97							
49							98							
50							99							
							100							
TOTAL IND.	↓	1	↓		↓		TOTAL IND.			↓		↓		↓
TOTAL DEP.	↓	18	↓		↓		TOTAL DEP.			↓		↓		↓
TOTAL CLAIMS		19					TOTAL CLAIMS							